Revised 06/08

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD 510 EAST 12TH, SUITE 1A DES MONES IA 503319

Fax: (515)281-4073 www.iowa.gov/ethics



lowa Code section 8.7 requires all gifts and bequests given to any department of the state of lowa or received by the Governor on behalf of the state be reported to the lowa Ethics and Campaign

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Gift or Bequest I by a department Governor on bel	information received t or accepted by the half of the state
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PARTMENT OR OFFICE RECEIVING THE GIFT OR BEQUEST:			A #
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NTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:			**
Jereny Wilbecker		• :	55
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Ialling Address City, State, Zip Code 7/2-542-3568 rea Code & Telephone Number Imail Address (optional) Provide a description of the gift or bequest and purpose thereof:	Date of Gift or Beques	ir market value" of item as de	etermined by
In the state of th	Date of Gift or Beques	ir market value" of item as de	etermined by

Statement of Affirmation:

affirm that the gift or bequest reported above is accurate. I further affirm that the information concerning the donor and assessment of the fair market value (if applicable) is correct and true to the best of my knowledge.

Signature

Date

Revised 06/08

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD 510 EAST 12TH, SUITE 1A DES MOINES, IA 50319

DES MOINES, IA 50319 Fax: (515)281-4073 www.lowa.gov/ethics



lowa Code section 8.7 requires all gifts and bequests given to any department of the state of lowa or received by the Governor on behalf of the state be reported to the lowa Ethics and Campaign Disclosure Board and the Government Oversight Committee. The Board will provide a copy of this report to the Government Oversight Committee. This form is to be filled within 20 days of receipt of the gift or bequest.

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Gift or Bequest information received by a department or accepted by the Governor on behalf of the state

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	DEPARTMENT	OR OFFICE	RECEIVING THE	GIFT OR	BEQUEST
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Name of Department or Office	Clarinda la. 51632	>	1
Mailing Address 712- 542- 5434 E= 5542	City, State, Zip Code	-4	000
Area Code & Telephone No.			Ē
CONTACT PERSON FOR RECIPIENT DEPARTMENT O	OR OFFICE: -	U	
Jeremy Wilbecker		~~	
Name Sana	Same		
Mailing Address (if different from above)	City, State, Zip (if different from above)		
Jereny Welberter &) (ouc. 900	<u>Same</u>		
Email Address	Area Code & Telephone Number (if different from above)		

DONOR OF GIFT OR BEQUEST:

Prison Book Project		
Name		· · · · · · · · · · · · · · · · · · ·
P.O. Box 1146 Sharpes FL 32959	· .	
Mailing Address City, State, Zip Code	12-14-10	§ 500
321 - 269 - 4/100	Date of Gift or Bequest	Amount/Value* .
Area Code & Talephone Number	"value is defined as "fair market v receiving department or office. If	value" of item as determined by 'no value mark "0.00".
Email Address (optional)		

Provide a description of the gift or bequest and purpose thereof:

Boxes of Books

Criteria to use this form:

Receipt of any gift or bequest that is received by any department of the state or received by the Governor on behalf of the state.

Statement of Affirmation:

I. Trans [at] back affirm that the gift or bequest reported above is accurate. I further affirm that the Information concerning the donor and assessment of the fair market value (if applicable) is correct and true to the best of my knowledge.

Signature

/2-27-10 Date Revised 06/08

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD 510 EAST 12TH, SUITE 1A DES MOINES, 14 503319

Fax: (515)281-4073 www.lowa.gov/ethics



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FORM-GB

Gift or Bequest information received by a department or accepted by the Governor on behalf of the state

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nis report to the Government Oversight Committee. This form is to be filed within 20 days of accept of the gift or bequest.	Computer
DEPARTMENT OR OFFICE RECEIVING THE GIFT OR BEQUEST:	WAS
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Name of Department or Office 2000 N (4 5) Melling Address 712 - 542 - 5434 Ex 5542 Area Code & Telephone No.	
CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:	
Name Same Mailing Address (If different from above) Same Mailing Address (If different from above) Same City, State, Zip (If different from above) Same Email Address Area Code & Telephone Nu	· · · · · · · · · · · · · · · · · · ·
DONOR OF GIFT OR BEQUEST:	
Tana Tana! / Islamic Citaral Code Name 1335 9th d. Non Code Rapids, la Syo Mailing Address City, State, 2tp Code 319 366 3150 Area Code & Telephone Number Email Address (optional)	\$ 50 Amount/Value* rket value" of item as determined by ce. If no value mark "0.00".
Provide a description of the gift or bequest and purpose thereof:	

Criteria to use this form: Receipt of any gift or bequest that is received by any department of the state or received by the Governor on behalf of the state.

Statement of Affirmation:

I. Torces (w) buder affirm that the gift or bequest reported above is accurate. I further assessment of the fair market value (if applicable) is correct and true to the best of my knowledge. affirm that the gift or bequest reported above is accurate. I further affirm that the information concerning the donor and

Signature